

# **EXHIBIT D**

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Jessie Pozuelos	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) UCC Direct Services P. O. Box 29071 Glendale, CA 91209-9071	
NY, Secretary of State	

200306175121715

17-JUN-2003

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1a. INITIAL FINANCING STATEMENT FILE # 200302210391774		2/21/2003		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.					
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input checked="" type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).					
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
OR					
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME U.S. BANK TRUST NATIONAL ASSOCIATION					
OR					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS 100 WALL STREET, 16TH FLOOR		CITY NEW YORK		STATE NY	POSTAL CODE 10005
7d. TAX ID #: SSN OR EIN		7e. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR				7g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. As security for the payment of the indebtedness and all other indebtedness, obligations, and liabilities of Lessee to Lessor, now existing or hereafter arising, directly or indirectly, by operation of law or otherwise (collectively the "Liabilities"), Lessee assigns, transfers, pledges, hypothecates and grants to Lessor, its successors and assigns, a first priority security interest (the "Security Interest") in all Lessee's assets, including without limitation, all inventory, supplies, accounts, general intangibles, chattel paper and instruments, goods, asset, machinery, fixtures, furnishings, and all other personal property together with all other accessories, accessions, attachments and appurtenances, appertaining or attached thereto, whether now					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.					
9a. ORGANIZATION'S NAME SKY BANK					
OR					
9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA 75004126					
8048751 Debtor name: WEST 86TH STREET DENTISTRY P C					

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

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11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

200302210391774

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

SKY BANK

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

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**Additional Collateral Text:**

owned or hereafter acquired, and all other substitutions, renewals, replacements, and improvements and all proceeds, rents, issuers, income, profits and avails, including without limitation, insurance proceeds. Further, borrower grants lender a purchase money security interest in specific equipment, furniture and fixtures purchased by borrower and financed by lender on or about filing date (collectively the "Collateral").